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TDANIONITTAL		Application Number	10/604,608	
TRANSMITTAL		Filing Date	August 4, 2003	
FORM (to be used for all correspondence after initial filing)		First Named Inventor	Scott H. Mills, et al.	
		Art Unit	2178	
		Examiner Name	HONEYCUTT, Kristina B.	
Total Number of Pages in This Submission	20	Attorney Docket Number	1033-T00505	

	ENCLOSURES (Check all that appl	ly)
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration Extension of Time Request Express Abandonment Request Information Disclosure Stater Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Copy of Cited Reference (7 pgs)
Reply to Missing Part under 37 CFR 1.52 o	5	
	IGNATURE OF APPLICANT, ATTORNEY,	OR AGENT
Firm Name		
Toler Schaffe	<u> </u>	····-
Signature	Lan	
Printed name Jeffrey G. To	er	•
Date /~	38,342	
· ·	CERTIFICATE OF TRANSMISSION/MAnce is being facsimile transmitted to the USPTO or depondence and an epvelope addressed to: Commissioner for Patents,	sited with the United States Postal Service with
the date shown below: Signature	ease a Jordan	Date 1-3-07

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE JAN 08 2007 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Complete if Known Effective on 12/08/2004. suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/604,608 **Application Number** Filing Date August 4, 2003 For FY 2006 Scott H. Mills, et al. First Named Inventor **Examiner Name** HONEYCUTT, Kristina B. Applicant claims small entity status. See 37 CFR 1.27 2178 Art Unit TOTAL AMOUNT OF PAYMENT 180.00 1033-T00505 Attorney Docket No.

METHOD OF PAYMEN	T (check al	I that apply)					
Check Credit	Card [Money Order	None	Other (please identify)	:	
Deposit Account .	eposit Accour	nt Number: <u>50-24</u> 6	59	Deposit A	ccount Name:_	TOLER SO	CHAFFER, LLP
For the above-identi	ified deposit	account, the Direc	tor is hereb	y authorized to	o: (check all th	at apply)	
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FEE CALCULATION		•					
1. BASIC FILING, SEAF	RCH. AND	EXAMINATION	FEES				
	FILING		SEARCI	H FEES	EXAMINA	TION FEES	
Application Type		Small Entity		Small Entity		Small Entity	Food Boid (\$)
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	. ———
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEE	ES			•		<u>Fee (\$)</u>	Small Entity Fee (\$)
Each claim over 20 (including R	(eissues)			•	50	25
Each independent cla	_	•	ues)			200	100
Multiple dependent claims				360	180		
Total Claims					ependent Claims		
- 20 or HP =		_ x	_=			Fee (\$)	Fee Paid (\$)
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3. APPLICATION SIZE		o paid ioi, ii giodioi ii					•
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4. OTHER FEE(S)			·	•		·	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Submission of Information Disclosure Statement 180					180.00		

(0.8.,	The first grant gr	Of Information Disclosure Statement	
SUBMITTED BY			
Signature	h	Registration No. 38,342 (Attorney/Agent)	Telephone 512/327-5515
Name (Print/Type)	Jeffrey G. Toler	<u> </u>	Date j-3-2007

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